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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37192 (4)

1. Corporation Name
THE HERON COACH HOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: % DAVID W. SWOR, 6385 PRESIDENTIAL CT. SW, FT. MYERS FL 33919

Mailing Address: THE HERON COACH HOUSES, 6010 FOREST BLVD, FT MYERS FL 33908-4318, US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified: 03/21/1990

3a. Date of Last Report: 04/02/1996

4. FEI Number: 65-0128710

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

ARMSTRONG, KENNETH
6010 FOREST BLVD
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RUTKOWSKI, RONALD	
STREET ADDRESS	16531 HERON COACH WAY #705	
CITY- ST- ZIP	FT MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ABRAHAMSON, RICHARD	
STREET ADDRESS	16551 HERON COACH WAY #304	
CITY- ST- ZIP	FT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUTKOWSKI, RONALD	
STREET ADDRESS	16531 HERON COACH WAY #705	
CITY- ST- ZIP	FT. MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NEWMAN, NORMAN	
STREET ADDRESS	16561 HERON COACH WAY #105	
CITY- ST- ZIP	FT. MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ABRAY, RAYMOND	
STREET ADDRESS	16550 HERON COACH WAY #207	
CITY- ST- ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ALLEN	
STREET ADDRESS	16550 HERON COACH WAY #205	
CITY- ST- ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNSON, BRUCE	
1.3 STREET ADDRESS	16540 HERON COACH WAY #407	
1.4 CITY- ST- ZIP	FT MYERS FL	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUBIN, HERB	
2.3 STREET ADDRESS	16540 HERON COACH WAY #401	
2.4 CITY- ST- ZIP	FT MYERS FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JONES, PATRICK	
3.3 STREET ADDRESS	16531 HERON COACH WAY #702	
3.4 CITY- ST- ZIP	FT MYERS FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEWART, FLETCHER	
4.3 STREET ADDRESS	16561 HERON COACH WAY #108	
4.4 CITY- ST- ZIP	FT MYERS FL	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ABARAY, RAYMOND	
5.3 STREET ADDRESS	16550 HERON COACH WAY #207	
5.4 CITY- ST- ZIP	FT MYERS FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Abrahamson* 3/18/97 411132-011

CR2E037 (9/96)